



**OPERATING ROOM NURSES' ASSOCIATION
of WESTERN AUSTRALIA (INC)**
ABN 96 661 183 352



ORNA/ACPAN WORKSHOP REGISTRATION FORM

Workshop Title:	Anaesthetic Nursing & Recovery Workshop
Workshop Date:	Saturday 10th March 2018
Name:	
Hospital:	
Contact Number:	
Email: (Confirmation will be sent to this address)	
Are you a current ORNA member?	Yes <input type="checkbox"/> FEE \$10
	No <input type="checkbox"/> FEE \$120 (includes ORNA membership)
ACPAN member	Yes <input type="checkbox"/> FEE \$10
	Membership no.
Special dietary requirements	

PAYMENT DETAILS: PLEASE DO NOT DETACH THIS SECTION

I wish to pay by:	EFT <input type="checkbox"/>	MasterCard <input type="checkbox"/>	Visa <input type="checkbox"/>
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ELECTRONIC FUND TRANSFER	BSB: 066 125 ACCOUNT NUMBER: 00903526 ACCOUNT NAME: Operating Room Nurses Association REFERENCE: Your Surname and Initial (eg: Watson J)	
Credit Card Number:		
Expiry Date: (i.e. 11/2016)		
Name on credit card:		Amount: \$
Signature:		Date:

PLEASE RETURN THIS COMPLETED FORM WITH PAYMENT TO:

E-Mail: enquiries@ornawa.org

Payment can be made by: VISA, MASTERCARD or EFT
Payment must accompany this registration form to ensure processing